





Photo/Digital Work Order
 Sheriff's Department - County of Los Angeles
 Forensic Services Bureau, Photographic Imaging Unit, 325 State St.

Received Station: **LAB 1500H, LA STATION**

Person requesting: _____ Email: _____
 Name: **DIS-02177-0376-055**
 Date: **3/22/15** Photographer: _____
 Location: _____

Description of evidence: ☐ Forensic ☐ Special Instructions
☐ Crime scene ☒ Forensic ☐ Lab ☐ Sales S&S
☐ Other: _____

Exam by: ☐ Forensic Camera ☐ Camera Mail ☐ Head/Wall Call

DIGITAL MEDIA		SERVICES	
<input checked="" type="checkbox"/> CD/DVD	<input type="checkbox"/> CD/DVD	<input type="checkbox"/> Copy	<input type="checkbox"/> Copy
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Quantity	Quantity	Quantity	Quantity
Total	Total	Total	Total

[illegible]









































































